

# **IRO Express Inc.**

**An Independent Review Organization**

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## ***Notice of Independent Review Decision***

**Case Number:**

**Date of Notice:** 12/09/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### **Description of the service or services in dispute:**

Diagnostic Lumbar Facet Block L4-5, L5-S1

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

The patient is a male who reported an injury on XX/XX/XX. The clinical note dated xxxxxxxx indicates the patient presenting with ongoing headaches, neck pain and low back pain. The note indicates the patient having undergone an MRI of the lumbar spine which revealed spondylosis at L3 through L5 with no nerve root compression. The therapy order dated XX/XX/XX indicates the patient having been recommended for physical therapy. There is indication the patient had completed one physical therapy visit to date. The MRI of the lumbar spine dated XX/XX/XX revealed essentially normal findings from T12 to L4 and L5-S1. A broad based disc bulge was identified at L4-5 causing a moderate deformity of the thecal sac and mild bilateral neural foraminal narrowing with no nerve root displacement. The clinical note dated XX/XX/XX indicates the patient complaining of ongoing low back pain that was rated as 6-8/10. There is not an indication the patient had inability to complete his activities of daily living secondary to the pain. Upon exam the patient was identified as having normal reflexes. No strength deficits are identified in the extremities. The clinical note dated XX/XX/XX indicates the patient continuing with low back pain. There is indication the patient had also complaints of cervical region pain as well. Upon exam, the patient was able to demonstrate 40 degrees of lumbar flexion, 15 degrees of extension, and 15 degrees of bilateral lateral bending. Tenderness identified at the lumbar facet joints, left greater than right. The clinical note dated xxxxxxxx indicates the patient continuing with low back pain that was non-radiating. Note indicates the patient ambulating with an antalgic gait. The patient had been recommended for diagnostic facet blocks at L4-5 and L5-S1 on the left side first followed by administration of the right side later.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The documentation indicates the patient complaining of low back pain. Facet blocks are indicated for patients who continue with ongoing low back pain as non-radicular in nature following completion of a full course of conservative therapy. There is indication patient's continuing with low back pain that is not radiating. However, it appears the patient had initiated physical therapy with no indication of a completion

of a full course of treatment. Given the lack of information regarding the patient's completion of a full course of conservative therapy the requested diagnostic facet blocks are not indicated. There as such, the opinion of this reviewer that the quest for diagnostic lumbar facet blocks at L4-5 and L5-S1 not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)